U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Standards Administration Office of Labor-Management Standards Washington, DC 20210 MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LAROR ORGANIZATIONS IN TRUETEES LIED

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIO	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
For Official Use Only 1. FILE NUMBER 2. PERIOR	O COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:					
0 2 2 - 3 8 3 From	MO DAY YEAR filed report, check here: 0 7 0 1 2 0 0 2 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:					
E Through	0 6 3 0 2 0 0 3 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:					
	8. MAILING ADDRESS					
	First Name					
	STEVE					
	Last Name					
	GRIGGS					
	P.O. Box · Building and Room Number (if any)					
4. AFFILIATION OR ORGANIZATION NAME	Number and Street					
CARPENTERS IND	13144 SOUTH PRAIRIE AVENUE					
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER						
LU 1553	City					
7. UNIT NAME (if any)	HAWTHORNE					
	State ZIP Code + 4					
9. Are your organization's records kept at its mailing address?						
(if "No," provide address in item 75.)	'I L					
75. ADDITIONAL INFORMATION						
Item Number						
Each of the undersigned duly outherized officers of the should be accessible and allows	doe the applicable papelting of law that all of the information pulpritted in this assert final idea the information centained in any					
accompanying documents) has been examined by the signatory and is, to the best of the under	der the applicable penalties of law, that all of the information submitted in this report (including the information contained in any resigned's knowledge and belief, true, correct, and complete. See Section VI on penalties in the instructions.)					
76. RESID						
SIGNED: (310) 310 3900 (If other						
Date Telephone Number Form LM-2 (Revised 2000)	Date Telephone Number Page 1 of 12					

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions? 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	Yes	No X	18. How many members did your organization have at the end of the reporting period? 19. What is the date of your organization's next regular election of officers? 2 3 8 8 MO YEAR 0 6 2 0 0 4 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X		(a) Regular Dues/Fees Rates of Dues and Fees 20 - \$99 per MONTH (Month, Year, etc.)
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X		(b) Initiation Fees (c) Transfer Fees \$
15. Discover any loss or shortage of funds or other property?		X	(d) Work Permits Substituting the second of the second o
 (Answer "Yes" even if there has been repayment or recovery.) 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? 		X	22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
17. Liquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pr	ovide de	etails	24. Did your organization have any contingent liabilities at the end of the reporting period?
in Item 75 as explained in the instructions for each item.			Item 75.)

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only - Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		5 0 9 8 7 7 1	4 3 0 9 1 3 8
	26. Accounts Receivable		3 7 5 6 5	3 5 8 8 2
ST.	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	7 0 5 0 4	5 8 9 0 3
	31. Other Assets	3	4 3 7 4	1 8 4 4 9
	32. TOTAL ASSETS		5 2 1 1 2 1 4	4 4 2 2 3 7 2
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		2 7 7 6 7	2 3 4 0 0
JES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
II	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		2 7 7 6 7	2 3 4 0 0
	38. NET ASSETS (Item 32 less Item 37)		5 1 8 3 4 4 7	4 3 9 8 9 7 2

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		8 7 5 5 6 6	56. To Officers	9	47440
40. Per Capita Tax		0	57. To Employees	10	6 0 1 7 8
41. Fees		0	58. Per Capita Tax		2 1 8 7 9 8
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	8 7 1 4 5
44. Work Permits		0	61. Educational & Publicity Expense		2 4 2 4 2
45. Sale of Supplies		0	62. Professional Fees		2 5 1 5 7
46. Interest		2 1 5 0 5 1	63. Benefits	11	1 5 2 4 4
47. Dividends		0	64. Contributions, Gifts & Grants	12	0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	GC. Direct Taxes		1 2 2 6 6
50 Loans Obtained	8	0	67 Withholding Taxos	ļ	2 7 8 2 8
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1 6 3 4
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	9 0 9 4	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members	:	0
			73. Other Disbursements	15	1 3 6 9 4 1 2
55. TOTAL RECEIPTS		1 0 9 9 7 1 1	74. TOTAL DISBURSEMENTS		1 8 8 9 3 4 4

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Recei	ved During Period	Loans
business enterprises regardless of amount. (A)	Outstanding at Loans Made Start of Period During Period Cash (B) (C) (D)(1)		Other Than Cash (D)(2)	Outstanding at End of Period (E)	
1.					
				# # # # # # # # # # # # # # # # # # #	
	; :				
2.					
3.					
J.				To the state of th	
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in	ltem 27 Column (A)	Item 69	Item 51		

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 2 2 - 3 8 3

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities		1. PREPAID MEMBER EVENTS	1 8 0 2 3
1. Total Cost	0	2. DEPOSITS	4 2 6
2. Total Book Value	0	3.	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	1 8 4 4 9
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHE	R LIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	0
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)		<u></u>	
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 2 2 - 3 8 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 3144 S. PRAIRIE AVE, HAWTHORNE, CA	40000		40000	
2. Totals from additional pages (if any)				The state of the s
3. Buildings (give location): SAME AS ABOVE	177483	169391	8 0 9 2	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	-11
6. Office Furniture and Equipment	38356	27545	10811	
7. Other Fixed Assets	0	0	0	
8. Totals of Lines 1 through 7	255839	196936	5 8 9 0 3	
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2	·			
3.				
4				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in		•••••	ltem	49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 2 - 3 8 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE AND EQUIPMENT	1634	1634	1634
2.			
3.			
4			
5. Totals from additional pages <i>(if any)</i>			
6. Totals of Lines 1 through 5	1634	1634	1634
	7. Less Reinvestments		0
	8. Net Purchases		1 6 3 4
The total from Line 8 is entered in		ltem	68

SCHEDULE 8 -- LOANS PAYABLE

Course of Long Revokle at Ann		Laura Obtained	Repayment Made	During Period	1 0 1.1
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	C
The total from Line 6 is entered in	ltem 34 Column (C)	Item 50	Item 70	ltem 75with Explanation	item 34 Column (D)

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 2 - 3 8 3

(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
JACKSON COLBERT 1. PRESIDENT	С	3 7 L a	0	2694	0	6406
DODD KEVIN 2. VICE PRESIDENT	c	2784	0	3181	0	5965
JACKSON ERROL 3. RECORDING SEC	C	3 7 1 2	0	3185	0	6897
GRIGGS STEVE 4. FINANCIAL SEC	c	3 4 8 0	٥	3962	0	7442
KEYSER KENNETH 5. TREASURER	c	5 9 4 5	0	2 7 0	0	6 Z 3 5
TOSH WILLIAM 6. WARDEN	C	3712	0	450	a	4162
FERNANDEZ GUADALU TRUSTEE 7.	c	3 9 3 9	O	٥	а	3939
8. Totals from additional pages (if any)	-	1 3 3 5 2	. 0	2 4 0	0	13592
9. Totals of Lines 1 through 8		40636	0	14002	0	54638
				10. Less Deduction	s	7 1 9 8
The total from Line 11 is entered in			Item 56	11. Net Disburseme	ents	4 7 4 4 0
*Code for Status (C): past officer - P; continuing officer - C; new officer	er during th	e reporting period - N.		(If any officer was no your organization's co	t elected at a regular elect	tion in accordance with plain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 2 - 3 8 3

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
KAALEKAHI LORELEI	4 3 2 1 6	0	0	0	43216
1. SECRETARY					
N/A					
VENVERLOH RON	3 9 5 1 1	0	0	0	39511
2. BOOKKEEPER					
N/A					
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	16106	0	1 2 8	0	16234
8. Totals of Lines 1 through 7	98833	0	128	0	98961
			9. Less Deductions		3 8 7 8 3
The total from Line 10 is entered in	Ite	em 57	10. Net Disbursemer	nts	6 0 1 7 8

Page Not Filed

SCHEDULE 14 - OTHER RECEIPTS

Description Amount (A) (B) 1 REFUNDS AND REIMBURSEMENTS 9 0 9 4 2. 3. 4. 5. 6. 7. 8. 9. 10. 111. 12. 13. 14. 15. 16. Total from additional pages (if any) 17. Total of Lines 1 through 16 9 0 9 4

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	!			oun B)	t		
1.DUES REFUNDS				,	7	9	6
2.NEGOTIATION EXPENSES			2	3	5	2	3
3.REGIONAL COUNCIL REIMB.		6	3	3	0	6	7
4. BOND INSURANCE				2	4	1	3
5.OTHER PAYROLL DEDUCTIONS			1	8	1	5	4
6.STRIKE EXPENSES		6	9	1	4	5	9
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.	****						
16. Total from additional pages (if any)							
17. Total of Lines 1 through 16	1	3	6	9	4	1	2
The total from Line 17 is entered in Item 73							

ORGANIZATION NAME: CARPENTERS IND	,	
ENDING DATE OF PERIOD COVERED: 06/30/2003		

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

en if				Disbursements for Official	Other	
Status (C)*			Allowances (E)	Business (F)	Disbursements (G)	Total (H)
c	4 & 3	9	٥	7 6 0	G	4 9 7 9
C	3 4 3	3 2	0	8 C	D	3512
С	9 6	2 B	0	а	٥	7 2 8
C	4 1. 7	7 3	0	a	0	4 1, 7 3
_	·					
	Status (C)*	C (before taxes a other deduction (C)* (D) (C) 4 8 7 (C) 7 6	Status other deductions) (C)* (D) 4 8 1 9 C 3 4 3 2 C 7 2 8	C (before taxes and other deductions) (C)* (D) (E) Allowances (E) Allowances (E) C 3 4 3 2 0 0 C 7 2 8 0	Status (C)* (D) (E) (F) C 3 4 3 2 0 0 8 0 C 4 1 7 3 0 0 0	(before taxes and other deductions) (C)* (C)* (D) (E) (F) (F) (G) (G) (G) (G) (G) (G

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2003	

75. ADDITIONAL INFORMATION

Item Number	
13	DISPOSED OF OFFICE EQUIPMENT - COST \$3,627 AND BOOK VALUE \$0.
Form I M-2 (Revise	od 2000)

ORGANIZATION NAME: CARPENTERS IND	 	
ENDING DATE OF PERIOD COVERED: 06/30/2003		<u> </u>

75. ADDITIONAL INFORMATION (continued)

Item Number	
	AN AUDIT OF THE BOOKS AND RECORDS WAS PERFORMED BY AN OUTSIDE ACCOUNTING FIRM:
1 ***	MILLER, KAPLAN, ARASE & CO., LLP
	MILLER, MAPLAIN, ARAGE & CO., LLP
	4123 LANKERSHIM BOULEVARD
	NORTH HOLLYWOOD, CA 91602-2828
l	

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